

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 09/757788 FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER		* IND.	* DEP.	* IND.	* DEP.
	1st AMENDMENT	2nd AMENDMENT	IND.	DEP.				
1	/				51			
2	/				52			
3	/				53			
4	/				54			
5	/				55			
6	/				56			
7	/				57			
8	/				58			
9					59			
10					60			
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41					91			
42					92			
43					93			
44					94			
45					95			
46					96			
47					97			
48					98			
49					99			
50					100			
TOTAL IND.	1				TOTAL IND.			
TOTAL DEP.	16	←	↓	→	TOTAL DEP.	↓	→	↓
TOTAL CLAIMS	17	←	↓	→	TOTAL CLAIMS	↓	→	↓

16
17